24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Crossroads	C C00487363
	0 000-07303
Check If 24-hour report	
Full Name (Last, First, Middle Initial) of Payee CROSSROADS MEDIA	Date
CROSSROADS WEDIA	M M / D D / Y Y Y Y
Mailing Address 66 CANAL CENTER PLAZA, STE 555	06 11 2012
	Amount
City State Zip Code ALEXANDRIA VA 22314	358202.98
Tr	ransaction ID : E.001
TV/MEDIA DI ACEMENT	Sought: House State: VA
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President ———
TIMOTHY KAINE Check	One: Support Oppose
Lalendar real-10-Dale Per Flection	sement For: Primary X General
for Office Sought 370449.49 2012	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
UPGRADE FILMS	M M / D D / Y Y Y
Mailing Address 3299 K STREET NW, STE 200	06 13 2012
	Amount
City State Zip Code	12246.51
WASHINGTON DC 20007	ransaction ID : E.002
TV / MEDIA PRODUCTION	Sought: House State: VA
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
TIMOTHY KAINE Check	One: Support Oppose
	sement For: Primary General
for Office Sought 370449.49 2012	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(a) SOBTOTAL OF REINIZED INDEPENDENT EXPENDITURES	370449.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
4	
(c) TOTAL Independent Expenditures	370449.49
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caleb Crosby	M / D D / Y Y Y Y
[Electronically Filed] Date 06	14 2012
Signature	